

ECS Configuration Change Request

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|--|--|-----------------------------|--|---------|---|------------------|--|
| CCR No. 96-0228 | | Logged Date 3/11/96 | | Rev. - | | Request Type CCR | |
| Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/> | | Affected Release | | | Change Class II | | |
| Title (description) Release B SDPS Data Server Subsystem Design Specification for Release B CDR | | | | | | | |
| Documents Affected Release B SDPS Data Server Subsystem Design Specification 305-CD-024 | | | | | Source Nos (RID, NCR, etc.) or Tech Reference | | |
| RTM Changed <input type="checkbox"/> Start New Baseline <input type="checkbox"/> | | | | | | | |
| Problem Provide detailed design of the Release B Data Server Subsystem | | | | | | | |
| Proposed Solution Capture the detailed design by complying with the DID 305 specified in the ECS Contract Data Requirements document. | | | | | | | |
| Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input type="checkbox"/> Rel. IR1 <input type="checkbox"/> SCDO Supp <input checked="" type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> Other _____ Cost: None <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____ | | | | | | | |
| Originator Jeff Cox | | Jeff Cox | | 3/18/96 | | | |
| | | Signature | | | | Date | |
| Office Rel B | | Office Manager Rick Kochhar | | 3/18/96 | | | |
| | | Signature | | | | Date | |
| Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Deferred <input type="checkbox"/> Disapproved <input type="checkbox"/> | | | | | | | |
| Comments: CCB Chairperson _____ Signature _____ Date _____ | | | | | | | |

